

✂ — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — — DETACH HERE — ✂

CALIFORNIA FORM

# 540-ES

Your first name	Initial	Last name	Your social security number					
If joint payment, spouse's first name	Initial	Last name	Spouse's social security number					
Present home address — number and street, PO Box, or rural route			Apt. no.	PMB no.				
City, town, or post office			State	ZIP Code				

**Payment Voucher  
1**

Form 540-ES (REV. 2003)

TAXABLE YEAR

CALIFORNIA FORM

**2004 Estimated Tax for Individuals**

Due June 15, 2004

**540-ES**

Fiscal year filers, enter year ending month: Year 2005

Your first name	Initial	Last name	Your social security number	
If joint payment, spouse's first name		Initial	Last name	Spouse's social security number
Present home address — number and street, PO Box, or rural route			Apt. no.	PMB no.
City, town, or post office			State	ZIP Code

**Payment  
Voucher  
2**

**Do not combine this payment with payment of your tax due for 2003.** Make your check or money order payable to "Franchise Tax Board." Write your social security number and "Form 540-ES 2004" on it. Mail this voucher and your check or money order to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.**

If No Payment is Due, Do Not Mail This Form.

See Section A of the instructions for an alternative to using this form.

Amount of payment

For Privacy Act Notice, get form FTB 1131.

540ES04103

Form 540-ES (REV. 2003)

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TAXABLE YEAR

CALIFORNIA FORM

**2004 Estimated Tax for Individuals**

Due Sept. 15, 2004

**540-ES**

Fiscal year filers, enter year ending month: Year 2005

Your first name	Initial	Last name	Your social security number	
If joint payment, spouse's first name		Initial	Last name	Spouse's social security number
Present home address — number and street, PO Box, or rural route			Apt. no.	PMB no.
City, town, or post office			State	ZIP Code

**Payment  
Voucher  
3**

**Do not combine this payment with payment of your tax due for 2003.** Make your check or money order payable to "Franchise Tax Board." Write your social security number and "Form 540-ES 2004" on it. Mail this voucher and your check or money order to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.**

If No Payment is Due, Do Not Mail This Form.

See Section A of the instructions for an alternative to using this form.

Amount of payment

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540ES04103

Form 540-ES (REV. 2003)

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TAXABLE YEAR

CALIFORNIA FORM

**2004 Estimated Tax for Individuals**

Due Jan. 18, 2005

**540-ES**

Fiscal year filers, enter year ending month: Year 2005

Your first name	Initial	Last name	Your social security number	
If joint payment, spouse's first name		Initial	Last name	Spouse's social security number
Present home address — number and street, PO Box, or rural route			Apt. no.	PMB no.
City, town, or post office			State	ZIP Code

**Payment  
Voucher  
4**

**Do not combine this payment with payment of your tax due for 2003.** Make your check or money order payable to "Franchise Tax Board." Write your social security number and "Form 540-ES 2004" on it. Mail this voucher and your check or money order to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0031.**

If No Payment is Due, Do Not Mail This Form.

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Amount of payment

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540ES04103

Form 540-ES (REV. 2003)